

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Ishii et al.

Group Art Unit: 2882

Serial No.: 10/762,611

Examiner: Unassigned

Filed: January 21, 2004

For: RADIOGRAPHIC APPARATUS AND RADIOGRAPHIC SYSTEM

INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to Rule 56, applicant hereby calls the attention of the Patent Office to the references listed on the attached Form PTO 1449. Copy(ies) of these references ☒ are attached ☐ were filed in related application U.S. Serial No(s) _____, filed _____, respectively.

- ☐ This document is being filed within three (3) months of the filing date of the application
- ☐ A check for the requisite fee of \$180 is enclosed.
- ☐ This document is being concurrently filed with the above-identified application
- ☐ This document is being concurrently filed with an Request for Continued Examination (RCE)
- ☒ This document is being filed prior to a first Office Action
- ☐ This document is accompanied by a Search Report/Communication cited in a corresponding PCT or foreign counterpart application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this Information Disclosure Statement, or credit any overpayment to Deposit Account No. 13-4500, Order No. 1232-5257. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

Respectfully submitted,
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Dated: July 29, 2004By: 

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FORM PTO-1449 INFORMATION DISCLOSURE CITATION	Attorney Docket:	Serial No.:
	1232-5257	10/762,611
	Applicant:	
	Ishii et al.	
	Filing Date:	Group Art Unit:
	January 21, 2004	2882

U.S. PATENT DOCUMENTS

Examiner Initial		Patent Number	Publication Date	Name	Class	Sub-Class	Filing Date
	AA	5,585,638	12/17/96	Hoffman			
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

FOREIGN PATENT DOCUMENTS

Examiner Initial		Patent Number	Publication Date	Country	Class	Sub-Class	Translation
	AL						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AN						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AO						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AP						<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Papers, etc.)

	AR	
	AS	
	AT	

Examiner	Date Considered
EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP §609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.	